



Notice of Alleged Safety or Health Hazards

Thu Apr 17, 2003 9:37am

Complaint Number		200381895	
Establishment Name	Federal Correctional Institute, McKean		
Site Address	Rt. 59 and Big Shanty Rd., Lewis Run, PA 16738		
	Site Phone	(814) 362-8900	Site FAX
			(814) 363-6811
Mailing Address	P.O. Box 5000, Bradford, PA 16701		
	Mail Phone	(814) 632-8900	Mail FAX
			(814) 363-6811
Management Official	Stephen Housler, Safety		Telephone
Type of Business	Federal Corrections		Ownership
Primary SIC	9223	Primary NAICS	922140

HAZARD DESCRIPTION/LOCATION: Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or worksite where the alleged violation exists.

DESCRIPTION:

1. Ventilation is inadequate to control the hazards associated dusts generated during the production processes. These dusts include but are not limited to wood dust, particle board dust, and micore board dust.
2. Ventilation is inadequate to control the hazards associated with vapors that are produced by the glues utilized in the laminating processes.
3. Dust is accumulating on surfaces throughout the factory area. This dust includes but is not limited to wood dust, particle board dust, and micore board dust.
4. Personnel are smoking in close proximity to operations that produce wood dust and utilize flammable glues.
5. Compressed air above 30 psi is being utilized for blow-downs and cleaning operations.
6. Plexi-glass and plywood are being stored on top of electrical boxes. Electrical boxes are located in the back by the dock area.
7. Personnel are potentially exposed to a fire hazard from a heavy accumulation of scrap wood at the loading dock area.

LOCATION:

UNICOR Factory (Including but not Limited To):

- * Loading Dock Area
- * Saw Area
- * Laminating Area, Front Area by Office

Has this condition been brought to the attention of:	Employer
Please Indicate Your Desire:	Do NOT reveal my name to the Employer
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.	B. Representative of Employee

Complainant Name	Richard D. Yovichin II	Telephone	(814) 368-3526
Address(Street, City, State, Zip)	662 South Avenue Bradford PA 16701		
Signature		Date	

If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:

Organization Name: AFGE Local 3974

Your Title: President

OFFICIAL USE ONLY

Identification	Reporting ID	0336000	Previous Activity	0	Opt. Number	
	Establishment Name Change?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Site Address Change?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Employer ID	
					City Code	County Code
					4420	083
Receipt Information	Received By		Send OSHA-7?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: 04/14/03	Supervisor(s) Assigned
					Time:	
					AM	
					PM	
Industry & Ownership	D. Federal Agency: 1503 - BUREAU OF PRISONS					

Complaint Evaluation	Evaluated By		Subject/Severity	
	Is this a Valid Complaint? --	Yes		
	Formality --	Formal	Safety-Serious	
	Migrant Farmworker Camp? --		Health-Serious	

Send Letter	Type		Date Letter Sent		Date Response Due	
-------------	------	--	------------------	--	-------------------	--

Received Letter	Type		Date Letter Received		Evaluation		Abatement Date	
-----------------	------	--	----------------------	--	------------	--	----------------	--

Complaint Action	Inspection Planned?	Yes	If Yes, Priority:	1a	If No, Reason:	
	Transfer To (Name)		Transfer Date			
	Transfer To Category					

Strategic Initiatives	
-----------------------	--

National Emphasis	SILICA	Insp - Presence of Crystalline Silica/Silicates
-------------------	--------	---

Local Emphasis	
----------------	--

Optional Information	Type	ID	Value
	N	16	SILICA

Close Complaint	
-----------------	--

COMMENTS

4-10-2003 1:26PM

FROM FCI MCKEAN FIN. MGMT 814 363 6815

P.1

U. S. Department of Labor
Occupational Safety and Health Administration

Notice of Alleged Safety or Health Hazards

Complaint Number	
Establishment Name	JOI BOP FCI MCKEAN
Site Address	P.O. Box 5200 Bradford PA 16701
Telephone	(814) 362-8900
Facsimile	814 363-6811
Mailing Address	SAFE 363 6811
Management Official	Debbie Forsyth Telephone (814) 362-8900
Type of Business	UNICOR Furniture Factory
HAZARD DESCRIPTION/LOCATION: Describe briefly the hazard(s) which you believe exist. Include the approximate number of employees exposed to or threatened by each hazard. Specify the particular building or work site where the alleged violation exists.	
<p>The Factory is processing Micore Board with a power saw and no respirators are being furnish to staff or inmates. One of the Saws has a shop vac on it for Dust Collection. The Dust is circulating all over the factory and staff and inmates are receiving irritation to eyes and skin and complaining of being congested. Inmates are also smoking in the vicinity. When Clean up occurs Air hoses are used to push the debris away.</p>	
Has this condition been brought to the attention of:	<input checked="" type="checkbox"/> Employer <input type="checkbox"/> Other Government Agency(specify)
Please Indicate Your Desire:	<input checked="" type="checkbox"/> Do NOT reveal my name to my Employer <input type="checkbox"/> My name may be revealed to the Employer
The Undersigned believes that a violation of an Occupational Safety or Health standard exists which is a job safety or health hazard at the establishment named on this form.	(Mark "X" in ONE box) <input type="checkbox"/> Employee <input type="checkbox"/> Federal Safety and Health Committee <input checked="" type="checkbox"/> Representative of Employees <input type="checkbox"/> Other (specify)
Complainant Name	Richard D Yovich II Telephone 814 368-3526
Address (Street, City, State, Zip)	662 South Ave Bradford PA 16701-3976
Signature	Date 4/10/03
If you are an authorized representative of employees affected by this complaint, please state the name of the organization that you represent and your title:	
Organization Name:	Your Title: